

MDR Tracking Number: M5-04-1051-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-01-03.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The treatment form reports 11-26-02 through 04-11-03 and office visits one per month 11-26-02 through 04-11-03 were found to be medically necessary. The office visits in excess of one visit per month 11-26-02 through 04-11-03 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits and treatment form reports.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 11-26-02 through 04-11-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 27th day of February 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

February 20, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REVISED REPORT
Injured Employee's name corrected.

Re: MDR #: M5-04-1051-01
IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

REVIEWER'S REPORT

Clinical History:

This patient injured his low back at work on ___ and has received care from a treating doctor. The Designated Doctor certified that the patient was at maximum medical improvement on July 18, 2002, with a 10% whole person impairment rating.

Disputed Services:

Office visits and treatment form reports during the period of 11/26/02 through 04/11/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier in this case. The treatment form reports (99080-73) in dispute during this period were medically necessary in order for the treating doctor to meet his/her responsibility to communicate about the employee's condition.

One office visit (99213) per month during the period in question was medically necessary. Additional office visits in excess of one visit per month during the period of 11/26/02 through 04/11/03, were not medically necessary.

Rationale:

Administrative rule 129.5 requires the treating physician to submit a work status report. The physician shall not exceed 1 report every 2 weeks and shall be based upon the doctor's scheduled appointments with the employee. Administrative rule 180.22 establishes that the treating doctor has a responsibility to communicate with the employee, employer, and insurance carrier about the employee's ability to work or any other work restrictions on the employee; therefore, 99080-73 was medically necessary.

This patient's condition deteriorated to a chronic nature. The Texas Guideline for Chiropractic Quality Assurance and Practice Parameters recommends supportive care using passive therapy only if repeated efforts to withdraw treatment or care results in significant deterioration of clinical status. Decreasing frequency of care is expected to prevent the patient from developing physician dependence.

The documentation indicates a very regular 1 time per week visit. No documentation has been given to support that the efforts to withdraw from using passive therapies would result in the deterioration of clinical status of the patient. However, the treating doctor had the responsibility to coordinate care. This patient was undergoing care with other providers. It is reasonable to reevaluate this patient's condition 1 time per month in the absence of an acute exacerbation, and to coordinate care. No acute exacerbation was documented; therefore, an office visit of 1 time per month was medically necessary.

Sincerely,